

January 15, 2003  
**Montana Medicaid Notice**  
**Multiple Providers**  
**(Dentists and Denturists, and FQHC, RHC, ASC, and Hospital Providers)**


## Program Changes for Dental Services

The following changes will be in effect from February 1, 2003 through June 30, 2003. For individuals age 21, and over, the only dental services available will be emergency dental services.

**Emergency Dental Services** means covered inpatient and outpatient services that are needed to evaluate and stabilize an emergency medical condition. An **emergency medical condition** is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to body functions, or serious dysfunction of any bodily organ or part. If the medical professional rendering the medical screening deems an emergency dental condition does exist, stabilization treatment is rendered.

The table below shows the procedure codes for individuals ages 21 and over that will be covered in an emergency situation. All other program limitations still apply. RHCs and FQHCs will continue to bill revenue code 512 for these services.

Emergency Dental Codes for Individuals 21 and Over					
D0140	D0270	D2150	D2335	D7230	D9110
D0220	D0272	D2160	D2940	D7240	D9241
D0230	D0274	D2161	D7110	D7241	D9242
D0240	D0277	D2330	D7120	D7250	D9248
D0250	D0330	D2331	D7210	D7510	D9920
D0260	D2140	D2332	D7220	D7520	Z0055



When submitting claims for emergency services you must submit a copy of the **Emergency Dental Services Form** with your claim to the address below. If the **Emergency Dental Services Form** is not attached to the claim, the claim will be denied. A copy of this notice and the **Emergency Dental Services Form** is included in this packet and on the Provider Information website.

Dental Program Officer  
Health Policy and Services Division  
Medicaid Bureau  
P.O. Box 202951  
Helena, MT 59620-2951

## Contact Information

Please visit the Provider Information website at [www.dphhs.state.mt.us/hpsd/medicaid/medpi/medpi.htm](http://www.dphhs.state.mt.us/hpsd/medicaid/medpi/medpi.htm). If you have questions, please contact Provider Relations:

**Provider Relations in Helena and out-of-state: (406) 442-1837**

**In-state toll-free: 1-800-624-3958**

# Emergency Dental Services Form

## All Adults Services Age 21 and Over

Client Name \_\_\_\_\_ Medicaid ID# \_\_\_\_\_

Date of Injury/Infection \_\_\_\_\_

The above named person has received emergency dental services.

Describe (in detail) the reason for the emergency dental services and the treatment that was required:

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Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Dental Services** means covered inpatient and outpatient services that are needed to evaluate and stabilize an emergency medical condition. An emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain). Such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to body functions, or serious dysfunction of any bodily organ or part. If the medical professional rendering the medical screening deems an emergency dental condition does exist, stabilization treatment is rendered.

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D0260	D2140	D2332	D7220	D7520	Z0055

All other program limitations still apply. RHCs and FQHCs will continue to bill revenue code 512 for these services.

Routine restorative or preventive treatment are specifically excluded from any emergency dental services.

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**This form is valid for 30 days from the date of injury or infection. Services must be provided within these 30 days or claims will be denied. A copy of this form must be attached to the dental claim. Providers should retain the original copy in their files. Send a copy of this form and your claim to:**

**Dental Program Officer  
Health Policy & Services Division  
Medicaid Bureau  
P.O. Box 202951  
Helena, MT 59620-2951**